

## Information and Instructions for Completing the Behavioral Management Data Tracking Form

Standard 485.B.1 requires the facility and a qualified mental health professional (QMHP) to jointly develop a behavioral management data tracking form when the QMHP determines that the resident could benefit from ongoing mental health services. A facility is still free to develop and implement a data tracking form at any time it is concerned about a resident's behavioral changes, even if these behaviors do not rise to a level warranting intervention by a QMHP.

The intent of the data tracking form is to isolate, identify and better understand a particular behavior or patterns of behaviors that appear linked to a certain outcome of concern to the facility. Its usefulness does not lie in requiring documentation of every behavior or event. However, in order to bring about those desired behavioral changes, a certain amount of information needs to be collected about the person's behavior preceding and following an event of interest or concern. After monitoring for a period of time, for instance several weeks, there may be sufficient evidence to establish a relationship between behaviors and/or conditions and outcomes. Ultimately, the goal of the form is to discern whether a behavior or patterns of behaviors are occurring under certain conditions, at an estimated frequency, with certain outcome(s). With the relevant data available from the form, the QMHP, along with facility staff, can use this tool, in addition to others, to facilitate improvement in the resident's response to his or her environment

It is important to remember that the tracking form must be reviewed at the time the individualized service plan (ISP) is reviewed, or whenever the QMHP or facility has determined that significant behavioral changes have occurred. The review will help ensure that the form reflects the most up-to-date status of the resident's behaviors and the prescribed interventions. A copy of the form must be maintained in the resident's active file in the same section where the ISP is maintained. The information gathered from the tracking form should not only be shared with the QMHP but also with facility staff who should always be kept informed about the status of a resident's functioning. Some facilities have placed "cheat sheets" in nursing stations to cue staff on certain behaviors of interest or concern in order to facilitate monitoring and documentation.

The Behavioral Management Data Tracking Form (032-05-092-00), developed by the Virginia Department of Social Services, may be found on the Department's website, which is <http://www.dss.virginia.gov>.

Please contact your Licensing Inspector if you have any questions about this form.

# Behavioral Management Data Tracking Form

## Date Tracking Form Established: \_\_\_\_\_

|   |  |  |                                     |   |  |
|---|--|--|-------------------------------------|---|--|
| <b>Resident's Name:</b><br><br>                                 |  | <b>Mental Health Diagnosis:</b><br><br>  |                                     | <b>Psychiatrist:</b> _____ <b>/Ph#:</b> _____<br><b>Psychologist:</b> _____ <b>/Ph#:</b> _____<br><b>Case Manager:</b> _____ <b>/Ph#:</b> _____<br><b>Contact for Psychiatric Emergency:</b> _____ <b>/Ph#:</b> _____ |  |
| Target or problem behaviors                                     | Identified triggers, motivators, behaviors and/or conditions associated with target behaviors. Consider medication side-effects. | Interventions prescribed by MH professionals or facility supervisor to be employed by direct care staff. | Dates behaviors were last observed. | Effect of intervention(s) on behaviors. If prescribed intervention(s) was not used, explain.  | Is there a need for an updated mental health evaluation? |
| 1)<br><br><br><hr style="width: 100%;"/> Listed on ISP?   Y   N |  |  |                                     |   |  |
| 2)<br><br><br><hr style="width: 100%;"/> Listed on ISP?   Y   N |  |  |                                     |   |  |
| 3)<br><br><br><hr style="width: 100%;"/> Listed on ISP?   Y   N |  |  |                                     |   |  |

**Additional Comments:** \_\_\_\_\_

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| Target or problem behaviors              | Identified triggers, motivators, behaviors and/or conditions associated with target behaviors. Consider medication side-effects. | Interventions prescribed by MH professionals or facility supervisor to be employed by direct care staff. | Dates behaviors were last observed. | Effect of intervention(s) on behaviors. If prescribed intervention(s) was not used, explain. | Is there a need for an updated mental health evaluation? |
|--|--|--|-------------------------------------|--|--|
| 4)<br><br><br><br><br>Listed on ISP? Y N |  |  |                                     |  |  |
| 5)<br><br><br><br><br>Listed on ISP? Y N |  |  |                                     |  |  |
| 6)<br><br><br><br><br>Listed on ISP? Y N |  |  |                                     |  |  |

Listed on ISP? Y N

5)

Listed on ISP? Y N

6)

Listed on ISP? Y N

**Additional Comments:**